IRAVEL EXPENSE CLAIM						ructions a		6				V		
STD, 262 (REV. 10/92) CLAIMANTS NAME					Statement on Reverse Side SSAN OR EMPLOYEE NUMBER DEPARTME						Page	1	of	1
Clay Russell					1	OUT IN OIL EMP	LOTEL HOMBEN							
POSITION	35011			CB/ID NUMBER						Govern	or's Office	INDEX NUMBER	₹	
Assistant to the Governor														
REGIDENCE ADDRESS						HEADQUARTERS ADDRESS					TELEPHONE NUMBER			
						300 S. S	pring St.		Suite 16'	701 STATE				
						Los Ang	eles			CA			90013	
				MEALS			TRANSPORT			ATION		30013		
MONTH/YEAR		LOCATION WHERE EXPENSES	LODGING				INCIDENTALS			CARFARE.			BUSINESS	TOTAL EXPENSES
<u> </u>								COST OF		TOLLS,	PRIVATE CAR USE			
DATE	TIME	WERE INCURRED	-	BREAKFAST	LUNCH	DINNER		TRANS.	TYPE USED	PARKING	MILES	AMOUNT		FOR DAY
20-Mar		Washington, DC	337.78									0.00		337.78
21-Mar		Washington, DC	337.78									0.00		337.78
												0.00		0.00
												0.00		0.00
												0.00		0.00
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İ														0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
										*****************		0.00		0.00
	-				temporary and a state party for adoption was					and the second second		0.00		0.00
												0 00		0 00
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0	0.00	0.00		
COLUMN CODE (ACCTG, USE ONLY)														
CLAIM TOTAL											\$675.56			5.56
PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)											NORMAL WORK HOURS			
Staff the Governor in DC											PRIVATE VEHICLE LICENSE NUMBER			
GRIDIRUN DINNER & MEDIA INTULIS														
										MILEAGE RATE CLAIMED				
										0.34				
I HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of										AGENCY ACCOUNTING OFFICE USE ONLY				
California If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or											PAID BY REVOLVING FUND CHECK NUMBER			
greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751,0752, 0753 and 0754										21/01/05				
pedaiona to v	ohicle safety a	and soat belt usage									7	40	475)
CLA					DATE 1	, ,	SIGNATURE OF C	OFFICER APPRO	VING TRAVEL A	ND PAYMENT		D	ATE /	,
					4-6	6.09							4/30	04
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